PRINTED: 12/30/2020 FORM APPROVED

Division of Health Care Facilities

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 801 MIDDLEBROOK PIKE KNOXVILLE, TR. 37919 WEST HILLS HEALTH AND REMAB SUMMARY STATEMENT OF DEPOLISHORS (EACH DEPOLISHORY WILST ER PERCEDED BY PILL PREFIX TAG N 000 Initial Comments During complaint investigation of #TN00052749, conducted from 12/15/2020 to 12/17/2020, at West Hills Health and Rehab, no health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for Nursing Homes.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WEST HILLS HEALTH AND REHAB (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments During complaint investigation of #TN00052749, conducted from 12/15/2020 to 12/17/2020, at West Hills Health and Rehab, no health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for Nursing						C		
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conducted from 12/15/2020 to 12/17/2020, at West Hills Health and Rehab, no health deficiencies were cited in relation to the complaint under Chapter 1200-8-6, Standards for Nursing	N 000	00 Initial Comments						
		conducted from 12/15 West Hills Health and deficiencies were cite under Chapter 1200-8	5/2020 to 12/17/2020, at Rehab, no health d in relation to the complaint					

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE